VISION PLAN - 2007

Administered by EyeMed Vision Care underwritten by Fidelity Security Life Insurance Co.
1-866-723-0513
www.enrollwitheyemed.com/access (prior to enrolling)
www.eyemedvisioncare.com (after enrolling)

Enrollment/Change Form

Monthy Premiums

Member only	$ 7.64
Member and spouse	$14.42
Member and children	$15.18
Member and family	$22.26

Covered Services	Frequency	Coverage from an EyeMed Doctor	Out of Network Reimbursement
Eye Exam	12 months	$10 copay	$45 allowance
Frames	24 months	$125 allowance with 20% discount > $125	$47 allowance
Standard Lenses (plastic single vision, bifocal & trifocal)	12 months	$20 copay	$45 allowance - single vision $55 allowance - bifocal $65 allowance - trifocal
UV coating		$15 copay	N/A
Tint (solid and gradient)		$15 copay	N/A
Scratch Resistance (standard)		$15 copay	N/A
Polycarbonate		$40 copay	N/A
Anti-Relective Coating (standard)		$45 copay	N/A
Progressive Lens		$65 copay	N/A
Other Add-ons and Services		20% off retail price	N/A
Contact Lenses (if used instead of glass lenses)	12 months	$125 allowance	$80 allowance
Medically Necessary Contacts*		Paid in full	$200 allowance

*Contact lenses that are required to treat medical or abnormal visual conditions, including but not limited to eye surgery (i.e. cataract removal), visual perception in the better eye that cannot be corrected to 20/70 through the use of eyeglasses, and certain corneal or other eye diseases.

GENERAL INFORMATION

WHO IS ELIGIBLE?

Employees, spouses, domestic partners and children are eligible if you elect to have this coverage.

INSTRUCTIONS

Review the premiums found above and complete the appropriate sections of the Enrollment/Change Form.

Using Your EyeMed Benefit

Quality vision care is important to your eye wellness and overall health care. Accessing your EyeMed Vision Care benefit is easy. Simply locate a participating provider, schedule an appointment, present your ID card at the time of service, and the provider will take care of the rest.

Locating your Doctor

Check the online provider locator at www.enrollwitheyemed.com/access for a listing of providers near your zip code.

Once enrolled, visit www.emvc.com to view coverage and eligibility status.

Value Added Discounts

Members will receive a 20% discount on items not covered by the plan at Network Providers, which may not be combined with any other discounts or promotional offers, and the discount **does not apply** to EyeMed Provider's professional services, or contact lenses.

Members also receive 15% off retail price or 5% off promotional price for Lasik or PRK from the US Laser Network, owned and operated by LCA vision. Since Lasik or PRK vision correction is an elective procedure, performed by specially trained providers, this discount may not always be available from a provider in your immediate location. For a location near you and the discount authorization please call 1-877-5LASER6.

Members receive a 40% discount off complete pair of eyeglasses purchased and an additional 15% discount off conventional contact lenses once the funded benefit has been used.

After initial purchase, replacement contact lenses may be obtained via the Internet at substantial savings and mailed directly to the member. Details are available at www.eyemedvisioncare.com. The contact lens benefit allowance is not applicable to this service.

Out-Of-Network Providers

Once enrolled, members can access their out-of-network benefit by:

1) Downloading an Out-of-Network Claim Form from the EyeMed Vision Care website, www.eyemedvisioncare.com, or by calling the Customer Care Center.

2) Make an appointment with an out-of-network provider you trust as your choice vision care provider.

3) Pay for all services at the point of care and receive an itemized receipt from the provider office.

4) Complete the out-of-network claim form and submit along with receipts to EyeMed Vision Care's claims department for direct reimbursement.